

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5		1				
6		①				
7	1					
8		1				
9		2				
10		①				
11		①				
12		①				
13	1					
14		1				
15		2				
16		①				
17		①				
18	1					
19	1					
20	1					
21	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						